

# Rockton Fire Protection District



**Application for Membership**

# ROCKTON FIRE PROTECTION DISTRICT

## MISSION STATEMENT



**The Rockton Fire Protection District is dedicated to protecting the lives and property of the people in the District from man-made and natural emergencies by providing a range of programs that include, but are not limited to: Emergency Medical Services, Fire Suppression and Rescue, Fire Prevention, Hazardous Material Response, Public Education.**

**Decisions and actions of the members will be in a competent, professional, efficient, safe and fiscally responsible manner while reaching into the future but never forgetting the past.**

**“Proudly Served by Professional Volunteers”**

**Rockton Fire Protection District**  
**Application for Membership**  
 201 North Blackhawk Blvd., Rockton, IL 61072

The Rockton Fire Protection District is an Equal Opportunity Organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulations. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors.

The Rockton Fire Protection District is a member of the MABAS Division 8 Regional Recruit Academy. This is a fourteen week academy that is held twice a year (February/August). Submission dates are as follows: applications for the February recruit class must be received by the first Monday in January, applications for the August recruit class must be received by the first Monday in August. After review and acceptance of your application, you will be contact to schedule your test dates.

**Instructions:**

1. Please **neatly print** your answers, except for signatures.
2. Complete through page six (6) of the application.
3. Applications must be returned to the fire station and received by 5:00 p.m. of the submission date. Late applications will be reviewed for the next recruitment cycle.
4. Resumes are accepted only as a supplement to the membership application.
5. Use additional paper if you do not have enough room on this application.
6. Applications without signatures where indicated will not be accepted.

**Incomplete or illegible applications will not be processed.**

|                 |  |       |        |  |
|-----------------|--|-------|--------|--|
| <b>PERSONAL</b> | Last Name  | First | Middle | Today's Date   |
|                 | Street Address   |       |        | Home Telephone   |
|                 | City, State, Zip   |       |        | Business Telephone                                       |
|                 | Do you live within district limits (Circle One) Yes No   |       |        | Email Address  |
|                 | Have you previously applied to the Rockton Fire Protection District? (Circle One) Yes No<br>If yes, Month and Year |       |        |  |
|                 | Do you have any relatives affiliated with Rockton Fire Protection District? (Circle One) Yes No<br>If yes, who     |       |        |  |
|                 |  |       |        | Are you 18 years of age or older?<br>(Circle One) Yes No |
|                 | How did you hear about us?   |       |        |  |

|                  |                |                             |                 |                      |                  |                   |
|------------------|----------------|-----------------------------|-----------------|----------------------|------------------|-------------------|
| <b>EDUCATION</b> | School         | Name And Location Of School | Course Of Study | # Of Years Completed | Did You Graduate | Degree Or Diploma |
|                  | High School    |                             |                 |                      |                  |                   |
|                  | or GED         |                             |                 |                      |                  |                   |
|                  | Business/Trade |                             |                 |                      |                  |                   |
|                  | Technical      |                             |                 |                      |                  |                   |
|                  | College        |                             |                 |                      |                  |                   |
|                  | Graduate       |                             |                 |                      |                  |                   |

Please give accurate, complete full-time and part-time employment history including military service. Start with your present or most recent employer FIRST. If self-employed, give firm name and business references. If necessary, attach additional sheets using same format.

|                   |                                |  |
|-------------------|--------------------------------|--|
| <b>EMPLOYMENT</b> | Company Name                   | Telephone                                  |
|                   | Address                        | Employed<br>From:                      To: |
|                   | Name of Supervisor             | Reason for Leaving                         |
|                   | Job Title:<br>Job Description: |  |
| <b>EMPLOYMENT</b> | Company Name                   | Telephone                                  |
|                   | Address                        | Employed<br>From:                      To: |
|                   | Name of Supervisor             | Reason for Leaving                         |
|                   | Job Title:<br>Job Description: |  |
| <b>EMPLOYMENT</b> | Company Name                   | Telephone                                  |
|                   | Address                        | Employed<br>From:                      To: |
|                   | Name of Supervisor             | Reason for Leaving                         |
|                   | Job Title:<br>Job Description: |  |
| <b>EMPLOYMENT</b> | Company Name                   | Telephone                                  |
|                   | Address                        | Employed<br>From:                      To: |
|                   | Name of Supervisor             | Reason for Leaving                         |
|                   | Job Title:<br>Job Description: |  |

| Please List Any Specialized Training In The Fire or Life Safety Fields |  |
|--|--|
| Firefighter II<br>Completion Date: _____                               | Haz Mat Operations<br>Completion Date: _____ |
| Firefighter III<br>Completion Date: _____                              | Instructor<br>Completion Date: _____         |
| Emergency Medical Technician Basic<br>Expiration Date: _____           | Other  |
| Emergency Medical Technician Paramedic<br>Expiration Date: _____       | Other  |

List proficiency with any heavy machinery, industrial equipment, or specialized training you may have.

List any computer skills you may possess, such as hardware, software, applications, programming skills, etc.

Have you been fired or asked to resign from a job within the past ten years? (Circle One) Yes No  
If Yes, please explain:

Have you been convicted of any violation of law (excluding minor traffic offenses) within the past ten years which have been annulled, expunged or sealed by the court? Include any pleas of "guilty" or "no contest" (A conviction will not necessarily disqualify an applicant from membership.)

Do you have a valid driver's license? (Circle One) Yes No  
License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_  
Have you had your license suspended or revoked within the past two years? (Circle One) Yes No  
If Yes, please explain:

Give three (3) references, not relatives, who have definite knowledge of your business or professional qualifications for the position of volunteer firefighter. Do not repeat names of supervisors listed under employment history.

| Name and Relationship |           | Phone |
|-----------------------|-----------|-------|
|                       | Day Time  |       |
|                       | Alternate |       |
|                       | Day Time  |       |
|                       | Alternate |       |
|                       | Day Time  |       |
|                       | Alternate |       |

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date.

I understand that the Rockton Fire Protection District may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted ), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of membership it may be conditioned upon my passing a physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work for which I am applying.

I understand I may be required to successfully pass a drug screen examination. I hereby consent to a drug screen as a condition of membership.

**I UNDERSTAND THAT THIS APPLICATION FOR MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME.**

I have read, understand, and by my signature consent to these statements:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Release and Hold Harmless Agreement

As part of the testing process, a physical agility test will be administered. This is designed to test your capacity to perform duties which may be required of you as a volunteer firefighter. This test is rigorous and will make serious demands on your physical capacity, particularly your cardiovascular system (i.e. your heart, lungs and blood vessels.)

**If you know or suspect you have any condition or impairment which might render you susceptible to injury as a result of this test, DO NOT TAKE THIS TEST!**

You should also understand that while the test is not designed to be hazardous it does present conditions that can cause or lead to injuries.

The undersigned, having applied for membership to the Rockton Fire Protection District, acknowledges that he/she has been advised of the strenuous and rigorous nature of the district's agility test, and that he/she understands that it will seriously tax his/her physical capacity, particularly the cardiovascular system. The undersigned certifies to the Rockton Fire Protection District that he/she is capable of taking such test with no ill effects.

The undersigned hereby releases and agrees to hold harmless the Rockton Fire Protection District, including its Trustees, officers employees, members and agents from any liability whatsoever which may occur to the undersigned as a result of taking such test. Additionally, the undersigned hereby releases the Rockton Fire Protection District, including its Trustees, officers, employees, members and agents from any liability whatsoever that may occur to the undersigned as a result of engaging in activities that are part of the recruit academy training process.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

## Certification of Honesty

By signing below, I certify that I have not withheld any information that might adversely affect my chance for membership with the Rockton Fire Protection District and that all information I have given is true and correct. I understand that any omission or material misstatement on my application, resume or other document submitted in support of my application, or during any screening process or interview, shall be grounds for rejection of my application, or, if discovered after becoming a member for discipline up to and including immediate dismissal. I understand that any offer of membership by the district may be contingent upon the results of a reference and background check, post offer physical, drug/alcohol test or other pre-employment testing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

## Authorization for Background and Reference Check

I authorize the Rockton Fire Protection District to thoroughly investigate my references, work record, education, criminal record and any other matters relevant to my suitability for membership. I also authorize my former employers to disclose to the Rockton Fire Protection District, or to anyone acting on behalf of the district, any of my employment records, including my disciplinary reports and letters of reprimand.

Without giving me notice of such disclosure I hereby fully release and discharge the district, former employers, their respective officers, employees and agents, and all other persons and entities from any and all claims, demands, and liabilities arising out of or in any way relating to this investigation or disclosure made therein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



**FIRE CHIEF'S RECOMMENDATION**

Recommended for appointment as a probationary volunteer firefighter.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Fire Chief

Not recommended for appointment as a volunteer firefighter.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Fire Chief

**ROCKTON FIRE PROTECTION DISTRICT  
BOARD OF TRUSTEES**

APPOINTED as a probationary volunteer firefighter this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
President of Board of Trustees

